

# MOST—Missouri's 529 Education Plan Organization Resolution Form



- Complete a separate form for each account owner for whom the organization serves as an agent.
- This form identifies the officers or other persons who are authorized to conduct transactions on MOST—Missouri's 529 Education Plan account(s) on behalf of an organization appointed as agent for an account owner.
- Organizations covered by this form include: corporations, partnerships, limited liability companies or partnerships, professional corporations or associations, endowments, business trusts, and other entities or organizations.
- This form requires the signature of two authorized signatories, or people who can sign for your organization. One of the signatories must be the secretary or other authorized person who can certify the names of those authorized to act on behalf of the organization. If your organization has only one authorized signatory, then a bank officer, practicing attorney, or member of a domestic stock exchange must countersign this form.
- This resolution remains in effect until MOST—Missouri's 529 Education Plan has been notified that it has been revoked or a new Organization Resolution Form has been submitted. You must file a new Organization Resolution Form when there is any change in the identity of the persons authorized to act on behalf of your organization.
- Print clearly, preferably in capital letters and black ink.

Forms can be downloaded from our website at [www.missourimost.org](http://www.missourimost.org). Or you can call us toll-free to order any form at **888-414-MOST** (888-414-6678) on business days from 7 a.m. to 8 p.m., Central time. Return this form and any other required documents to: **MOST—Missouri's 529 Education Plan, P.O. Box 219212, Kansas City, MO 64121-9212**. For overnight delivery or registered mail, send to **MOST—Missouri's 529 Education Plan, 920 Main Street, Suite 900, Kansas City, MO 64105-2017**.

## 1. Organization Information

Name of Organization

Street Address

City

State

Zip

Firm Tax ID Number

## 2. MOST 529 Account Owner and Agent Information

**A. Account Owner Information—Do not include agent information here; provide as indicated in Section 2B.**

Name of Account Owner (*first, middle initial, last*)

Street Address

City

State

Zip

Last Four Digits of Social Security Number,  
Individual Taxpayer ID Number, or EIN



**B. Agent’s Authorized Person(s)**

- Any one of the persons listed in this **Section 2B** is authorized to act on behalf of the organization, pursuant to the organization’s authority as an agent in accordance with a Power of Attorney or Agent Authorization/Limited Power of Attorney filed with Ascensus College Savings Recordkeeping Services, LLC, previously or at the same time as this form, with respect to the account owner identified in **Section 2A**.
- The organization acknowledges that the persons identified in this **Section 2B** are authorized to act only with respect to the specified MOST 529 accounts owned by the account owner identified in **Section 2A** on which the organization has been authorized as an agent. The organization further acknowledges that it must file separate Organization Resolution Forms for each additional account owner for whom the organization serves as an agent.
- The organization acknowledges that it is solely responsible for informing Ascensus College Savings Recordkeeping Services, LLC, of any changes in the authority or identity of the persons listed in this **Section 2B**, and that neither Ascensus College Savings Recordkeeping Services, LLC, nor Vanguard is responsible for any acts or omissions taken in regard to any instructions believed by either of them to have originated from any person identified in this **Section 2B** until Ascensus College Savings Recordkeeping Services, LLC, has received written notice of the revocation of such person’s authority and Ascensus College Savings Recordkeeping Services, LLC, has had a reasonable period of time to act upon such notice.
- If the organization has more authorized persons than can be completed in the space below, please attach a separate sheet that provides the name and title of each authorized person.

**Name(s) of Agent’s Authorized Persons**

Name of Authorized Person (*first, middle initial, last*) and Title

Name of Authorized Person (*first, middle initial, last*) and Title

Name of Authorized Person (*first, middle initial, last*) and Title

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Name of Authorized Person (*first, middle initial, last*) and Title

**C. Certification and Indemnification—Two authorized signatories must sign below.**

We, \_\_\_\_\_ and \_\_\_\_\_ (names), the duly authorized \_\_\_\_\_ and \_\_\_\_\_ (titles), respectively, of the organization identified in **Section 1**, hereby certify the following:

That each of the authorized persons listed in **Section 2B** is authorized to act on behalf of the organization to the extent of the authority granted the organization in a Power of Attorney or Agent Authorization/Limited Power of Attorney filed with Ascensus College Savings Recordkeeping Services, LLC, for the MOST 529 account owner identified in **Section 2A**.

The organization agrees to indemnify and hold harmless the Missouri Education Savings Program; the Missouri Education Savings Program Board; The Vanguard Group, Inc.; Ascensus College Savings Recordkeeping Services, LLC; and their respective affiliates, officers, employees, and agents, from and against all losses, claims, and expenses (including attorney’s fees) of any kind incurred by any of them for relying in good faith upon information provided in this resolution and for acting on instructions believed by any of them to have originated from any authorized person identified in **Section 2B**. This resolution remains in full force and effect until revoked by an authorized signatory of the organization. Each Organization Resolution Form filed with Ascensus College Savings Recordkeeping Services, LLC, revokes an Organization Resolution Form previously filed with Ascensus College Savings Recordkeeping Services, LLC, in its entirety. Any revocation will not affect any liability resulting from transactions initiated before Ascensus College Savings Recordkeeping Services, LLC, has had a reasonable amount of time to act upon the revocation.

We are authorized and directed to certify the above and confirm that these provisions conform to the charter or other organizing document of our organization.

**3. Signature—YOU MUST SIGN BELOW**

➤  /  /   
**Signature of Authorized Signatory** *(first, middle initial, last)* Date *(month, day, year)*

Name and Title

➤  /  /   
**Signature of Authorized Signatory** *(first, middle initial, last)* Date *(month, day, year)*

Name and Title

**Third-party Certification—Required if your organization has only one authorized signatory**

I certify that the person who signed above is the duly authorized signatory of the organization identified in **Section 1**.

➤  /  /   
**Signature of Bank Officer, Practicing Attorney, or Member of a Domestic Stock Exchange** Date *(month, day, year)*

Name of Bank Officer, Practicing Attorney, or Member of a Domestic Stock Exchange *(first, middle initial, last)* and Title

Print name of bank or firm

